

Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, VA 23233
(804) 367-8506 or 367-8512
www.dpor.virginia.gov



Board for Architects, Professional Engineers, Land Surveyors,
Certified Interior Designers and Landscape Architects
LANDSCAPE ARCHITECT DEGREE VERIFICATION FORM

INSTRUCTIONS

Applicant: Complete items #1 through #11, then forward this form to the college or university for certification. Please enclose a stamped self-addressed envelope.

College/University: Complete the bottom portion of this form and return it to the applicant.

1. Applicant's Name

Last First Middle Generation

2. Social Security Number or Virginia DMV Control Number*

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* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

3. Date of Birth

4. Mailing Address (PO Box accepted)

City

State

Zip Code

5. E-mail Address

6. Contact Numbers

Primary Telephone

Alternate Telephone (Cell, Beeper, etc.)

Facsimile

7. Name of Institution

8. Address of Institution

City

State

Zip Code

9. Dates Attended

From

To

10. Degree

11. Applicant's Signature

Date

Certification

I hereby certify that the individual named in #1 graduated from this school/institution.

Degree

Major

Date Degree Received

Signature

Official Title

Affix official school seal here.